

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 - 0 8

2. STATE:

Kentucky

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/20/99

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130, 440.210, 440.250, 447.325, 42 CFR  
USC 1396a-d

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$1,197,793  
b. FFY 2001 \$1,197,793

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pg 7.3.4 thru 7.3.4.7 pg 3  
Supplement 1 to Attachment 3.1-A pg 15 thru 17  
Attachment 3.1-B pg 7, 34, 1 thru 34.4 Supplement  
1 to Attachment 3.1-B pg 15 - 17, Attachment 4.19-B  
pg 20, 429. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-A pg 8

Attachment 3.1-B pg 7

10. SUBJECT OF AMENDMENT:

Substance abuse services for pregnant and postpartum women for up to the end of the month  
following sixty days after delivery.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Review delegated to the Commissioner,  
Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dennis Boyd

14. TITLE: Commissioner

Department for Medicaid Services

15. DATE SUBMITTED:

16. RETURN TO:

Dennis Boyd, Commissioner  
Department for Medicaid Services  
6th Floor, CHR Bldg.  
275 East Main Street  
Frankfort, KY 40621**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 23, 1999

18. DATE APPROVED:

July 31, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 20, 1999

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations

☐ Not provided.

20. Extended services to pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

☒ Provided: ☐ Additional coverage <sup>++</sup>

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☒ Additional coverage <sup>++</sup>

☐ Not provided.

- c. Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy to individuals covered under section 1902(a)(10)(A)(ii)(IX) of the Act.

☒ Provided: ☒ Additional coverage <sup>++</sup>

☐ Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

TN No. 99-08  
Supersedes  
TN No. 92-1

Approval Date JUL 31 2001

Effective Date 10-20-99

HCFA ID: 7986E

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20.b. Rehabilitative Services for Pregnant Woman

The following substance abuse services are covered for pregnant and postpartum women for a sixty-day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls for treatment of a substance related disorder, excluding nicotine dependence.

- (1) Substance abuse assessment. An assessment is to include the presenting problem, substance abuse diagnosis (if identified) and the development of an initial plan of care.
- (2) Prevention Services. The prevention services are designed to reduce the risk that an individual will initiate or continue using alcohol, tobacco, and other drugs during pregnancy and the postpartum period. Services will be delivered through approved protocols that may include pre-test and post test surveys, videos with discussion guides, motivational interviewing, participant workbooks, and supportive therapeutic interventions. Services are provided with a face-to-face contact between an individual and a qualified provider, on an outpatient basis and may be delivered in an individual or group setting. Individuals are provided the following services based upon their needs:
  - (a) Universal prevention service.
    1. Targeted audience: Includes members of the population that exhibits no characteristics or behaviors that place them at greater risk of developing alcohol or drug problems or substance dependence.
    2. Goals and objectives:
      - a. Continued or increased perceptions of potential harm to the fetus as a result of using alcohol, tobacco or other drugs during pregnancy;
      - b. Continued or increased intentions to not use alcohol, tobacco and other drugs during pregnancy and lactation; and
      - c. Increased ability to recognize signs of postpartum depression and risk for substance abuse following pregnancy.
    3. Service limitation: A substance abuse universal prevention service shall be provided in ¼ hour increments, not to exceed a total of two (2) hours.
  - (b) Selective prevention service.
    1. Targeted audience: Includes members of the population that have been identified as having a greater incidence of problems associated with their use and/or higher incidences of developing chemical dependence (i.e. Children of Alcoholics, survivors of sexual abuse or domestic violence).
    2. Goals and objectives:
      - a. Abstinence from alcohol, tobacco and other drugs during pregnancy and lactation;
      - b. Increased commitment to not use during pregnancy and lactation;
      - c. Continued or increased perceptions of potential harm to a fetus when alcohol, tobacco or other drugs are used;
      - d. Increased awareness of personal vulnerability to alcohol or drug dependency or other problems throughout life;
      - e. Attitude changes which support an individual in making low risk choices related to tobacco, alcohol and other drug use during and following pregnancy; and
      - f. Developing skills necessary to make and maintain low risk alcohol and other drug choices throughout life.
    3. Service limitation. A selective prevention service shall be provided in ¼ hour increments, not to exceed a total of nineteen (19) hours.

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20.b. Rehabilitative Services for Pregnant Woman (continued)

(c) Indicated prevention service.

1. Targeted audience: Includes members of the population that do not have a diagnosis of substance abuse or dependency, but do report actually experiencing some problems related to their use of alcohol and drugs.
2. Goals and objectives:
  - a. Decreased alcohol and other drug use;
  - b. Attitude changes which support an individual in making low risk choices related to alcohol and other drug use;
  - c. A greater readiness for and response to treatment for an individual with a substance abuse related diagnosis who is receiving this service as an adjunct to a substance abuse treatment plan; and
  - d. Increased skills necessary to make and maintain low risk alcohol and other drug use choices during pregnancy and throughout life.
3. Service limitation. An indicated prevention service shall be provided in ¼ hour increments, not to exceed a total of twenty-seven (27) hours.

(d) Qualifications of providers. All of the prevention services are provided by a Kentucky certified preventionist or a Qualified Substance Abuse Treatment Professional (QSATP) with training in prevention strategies and procedures.

(3) Outpatient services.

(a) Outpatient services may include:

1. Individual therapy;
2. Group therapy;
3. Family therapy. This service is counseling provided to an eligible individual and one (1) or more significant others with the primary purpose of which is the treatment of the individual's condition;
4. Psychiatric evaluation provided by a psychiatrist;
5. Psychological testing provided by a psychologist;
6. Medication management provided by a physician or an advanced registered nurse practitioner; and
7. Collateral care. Involves counseling or consultation services provided directly or indirectly to the recipient through the involvement of a person or person's in a position of custodial control or supervision of the individual in the counseling process. Services are to meet the treatment needs of the eligible individual and shall be a part of the individual's treatment plan. Presence of the recipient in the counseling session is not necessarily required. However, when the recipient is present, reimbursement for the collateral counseling and individual or group counseling for the same session is not allowed.

(b) Service limitations.

1. Group therapy.
  - a. There shall be no more than twelve (12) persons in a group therapy session; and
  - b. Group therapy shall not include physical exercise, recreational activities or attendance at substance abuse and other self-help groups.
2. Collateral care shall be limited to individuals under age twenty-one (21) and no more than four and one-half (4.5) hours of service shall be reimbursed during a one (1) month period.
3. No more than eight (8) hours of outpatient services shall be reimbursed during a one (1) week period.

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20.b. Rehabilitative Services for Pregnant Woman (continued)

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(4) Day Rehabilitation Services.

- (a) Shall be an array of substance abuse treatment services in a structured program format that is scheduled to take place multiple hours a day, several times a week and may include individual and group therapy, information on substance abuse and its effects on health, fetal development and interpersonal relationships.
- (b) May be covered when provided to an individual in a non-residential setting or as a component of a residential program.
- (c) Service limitations:
  - 1. Reimbursement for a day rehabilitation service provided in a non-residential setting shall be limited to no more than 7 hours per day not to exceed twenty (20) hours per week.
  - 2. Reimbursement for a day rehabilitation service provided in a residential setting shall be limited to no more than 8 hours per day not to exceed forty-five (45) hours per week.
  - 3. Payment shall not be made for care or services for any individual who is a patient in an institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases.
  - 4. Room and board costs shall not be covered under this benefit.

(5) Outpatient and Day Rehabilitation services shall be provided by a qualified substance abuse treatment professional (QSATP) that meets one of the following requirements:

- (a) A certified alcohol and drug counselor; or
- (b) An individual who holds a license or certification in medicine, psychology, social work, nursing, marriage and family therapy, professional counselor, or art therapy with 24 hours of additional training in substance abuse or dependency related problems and information specific to working with the target population; or
- (c) A bachelor's or greater degree with additional training of 45 hours with 12 hours in substance abuse or dependence related problems, 12 hours specific to the target population, 12 hours in prevention strategies and procedures, and the remaining 9 hours may be in one or more of the identified training topics.

(6) Community support services.

- (a) A community support service shall be provided if the service is identified as a need in the individual's treatment plan.
- (b) A community support service shall be a face-to-face or telephone contact between an individual and a qualified community support provider.
- (c) A community support service shall include:
  - 1. Assisting an individual in remaining engaged with substance abuse treatment or community self-help groups;
  - 2. Assisting an individual in resolving a crisis in an individual's natural environment; and

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**20.b. Rehabilitative Services for Pregnant Woman (continued)**

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3. Coaching an individual in her natural environment to:
    - a. Access services arranged by a case manager; and
    - b. Apply substance abuse treatment gains, parent training and independent living skills to an individual's personal living situation.
  - (d) A community support provider shall coordinate the provision of community support services with an individual's primary provider of case management services.
  - (e) Community support staff qualifications.
    1. A high school diploma or general equivalent diploma.
    2. Two years of supervised experience in substance abuse treatment setting and knowledge of substance abuse related self-help groups.
    3. Twenty hours of training on the dynamics and treatment of substance abuse, recovery issues unique to pregnant women and women with dependent children and HIV positive individuals, strategies to defuse resistance, professional boundary issues that address enabling behaviors and protecting a staff member, who may be a recovering substance abuser, from losing their own sobriety.
- (7) Reimbursement for a substance abuse service shall not be payable for an individual who is a resident in a Medicaid-reimbursed inpatient facility.
- (a) Reimbursement for services shall be based on the following units of service:
1. Universal prevention service shall be a one-quarter (1/4) hour unit;
  2. Selective prevention service shall be a one-quarter (1/4) hour unit;
  3. Indicated prevention service shall be a one-quarter (1/4) hour unit;
  4. Outpatient service shall be a one-quarter (1/4) hour unit for the following modalities:
    - a. Individual therapy;
    - b. Group therapy;
    - c. Family therapy;
    - d. Psychiatric evaluation;
    - e. Psychological testing;
    - f. Medication management; and
    - g. Collateral care.
  5. An assessment service shall be a one-quarter (1/4) hour outpatient unit;
  6. Day rehabilitation services shall be a one (1) hour unit;
  7. Case management services shall be a one-quarter (1/4) hour unit; and
  8. Community support shall be a one-quarter (1/4) hour unit.
- (b) Qualifications of Providers
1. Services are covered only when provided by any mental health center, their subcontractors and any other qualified providers, licensed in accordance with applicable state laws and regulations.
  2. The provider shall employ or have a contractual agreement with a physician licensed in Kentucky.
  3. A provider must have staff available to provide emergency services for the immediate evaluation and care of an individual in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis.

Targeted Case Management services for pregnant women including postpartum women for sixty (60) day period after the pregnancy ends and any remaining days in the month in which the 60<sup>th</sup> day falls.

A. By invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:

- (1) Women diagnosed as a pregnant woman or postpartum woman up to the end of the month of sixty days following the date of delivery who has applied for or is receiving substance abuse services through Medicaid.

B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is involved to provide services less than state)

C. Comparability of Services

☐ Services are provided in accordance with the requirements of section 1902(a)(1) of the Act.

☒ Services are not comparable in accordance with the requirements of section 1902(a)(1) of the Act. *these are the ones.*

D. Definition of Services: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, education, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

(1) Substance abuse case management services.

(a) Case management shall be:

1. A face-to-face or telephone contact between or on behalf of an individual and a qualified substance abuse professional; and
2. For the purpose of reducing or eliminating an individual's substance abuse problem by assisting an individual in gaining access to needed medical, social, educational and other support services.

(b) Case management services shall include:

1. The development of a service plan that identifies an individual's case management needs and projected outcomes; and
2. Activities that support the implementation of an individual's service plan.

(c) Case management services shall not be connected with a specific type of substance abuse treatment but shall follow an individual across the array of substance abuse treatment services identified in an individual's treatment plan.

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- (d) Service limitations. The following activities shall not be reimbursed by Medicaid:
1. An outreach or case-finding activity to secure a potential individual for services;
  2. Administrative activities associated with Medicaid eligibility determinations; and
  3. The actual provision of a service other than a case management service.

A. Qualifications of Providers:

- (1) Services are covered when provided by any mental health center, and their subcontractors, and any other qualified providers, licensed in accordance with applicable state laws and regulations.
- (2) Demonstrated capacity to provide all core elements of case management including : Assessment skills, care/services plan development, linking/coordination of services, reassessment/follow-up, training specific to the target population, an administrative capacity to insure quality of services in accordance with state and federal requirements and a financial system that provides documentation of services and costs.
- (3) The provider shall employ or have a contractual agreement with a physician licensed in Kentucky.
- (4) A provider must have staff available to provide emergency services for the immediate evaluation and care of an individual in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis.
- (5) Qualifications for case management services:
  - (a) An alcohol and drug counselor certified by the Kentucky Board of Certification for Alcohol and Drug Counselors;
  - (b) An individual who has a bachelors degree or greater in any field, from an accredited college or university who meets the training, documentation and supervision requirements;
  - (c) A Kentucky licensed physician.
  - (d) A psychiatrist who is licensed in Kentucky.
  - (e) A psychologist licensed or certified by the Kentucky Board of Examiners of Psychology;
  - (f) A psychological associate certified by the Kentucky Board of Examiners of Psychology;



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- (g) A social worker licensed or certified in Kentucky;
  - (h) A Kentucky licensed registered nurse with the following combinations education and work experience:
    - 1. A registered nurse with a masters degree in psychiatric nursing from an accredited college or university;
    - 2. A bachelor of science degree in nursing from an accredited college or university and one year of clinical work experience in the substance abuse or mental health field;
    - 3. A diploma graduate in nursing and two years of clinical work experience in the substance or mental health field; or
    - 4. An associate degree in nursing from an accredited college or university and three years of clinical work experience in the substance abuse or mental health field;
  - (i) A Kentucky licensed advanced registered nurse practitioner;
  - (j) A marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists;
  - (k) A Kentucky-certified professional counselor; or
  - (l) A Kentucky-certified professional art therapist.
- F. The State assures that the provision of case management services will not unlawfully restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- (1) Eligible recipients will have free choice of the available providers of case management services.
  - (2) Eligible recipients will have free choice of the available providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

State/Territory: Kentucky

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations ☐ Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Provided: <sup>+</sup> ☐ Additional coverage <sup>++</sup>

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: <sup>+</sup> ☒ Additional coverage <sup>++</sup> ☐ Not provided.

21. Certified pediatric or family nurse practitioners' services

<sup>HCFA 11-14-94</sup>  
<sup>P&I</sup> ☒ Provided: ☐ No limitations ☒ With limitations\*

See item 6d for limitations

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment.

TN No. 99-08  
Supersedes 92-1 Approval Date JUL 31 2001 Effective Date 10-20-99  
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- (1) Substance abuse assessment. An assessment is to include the presenting problem, substance abuse diagnosis (if identified) and the development of an initial plan of care.
- (2) Prevention Services. The prevention services are designed to reduce the risk that an individual will initiate or continue using alcohol, tobacco, and other drugs during pregnancy and the postpartum period. Services will be delivered through approved protocols that may include pre-test and post test surveys, videos with discussion guides, motivational interviewing, participant workbooks, and supportive therapeutic interventions. Services are provided with a face-to-face contact between an individual and a qualified provider, on an outpatient basis and may be delivered in an individual or group setting. Individuals are provided the following services based upon their needs:
  - (a) Universal prevention service.
    1. Targeted audience: Includes members of the population that exhibits no characteristics or behaviors that place them at greater risk of developing alcohol or drug problems or substance dependence.
    2. Goals and objectives:
      - a. Continued or increased perceptions of potential harm to the fetus as a result of using alcohol, tobacco or other drugs during pregnancy;
      - b. Continued or increased intentions to not use alcohol, tobacco and other drugs during pregnancy and lactation; and
      - c. Increased ability to recognize signs of postpartum depression and risk for substance abuse following pregnancy.
    3. Service limitation: A substance abuse universal prevention service shall be provided in ¼ hour increments, not to exceed a total of two (2) hours.
  - (b) Selective prevention service.
    1. Targeted audience: Includes members of the population that have been identified as having a greater incidence of problems associated with their use and/or higher incidences of developing chemical dependence (i.e. Children of Alcoholics, survivors of sexual abuse or domestic violence).
    2. Goals and objectives:
      - a. Abstinence from alcohol, tobacco and other drugs during pregnancy and lactation;
      - b. Increased commitment to not use during pregnancy and lactation;
      - c. Continued or increased perceptions of potential harm to a fetus when alcohol, tobacco or other drugs are used;
      - d. Increased awareness of personal vulnerability to alcohol or drug dependency or other problems throughout life;
      - e. Attitude changes which support an individual in making low risk choices related to tobacco, alcohol and other drug use during and following pregnancy; and
      - f. Developing skills necessary to make and maintain low risk alcohol and other drug choices throughout life.
    3. Service limitation. A selective prevention service shall be provided in ¼ hour increments, not to exceed a total of nineteen (19) hours.